

EXAMPLE: COVER LETTER FOR PROVIDER AGREEMENT

JUNE 1, 2006

TO: OFFICE OF THE INSURANCE COMMISSIONER  
RATES AND FORMS DIVISION  
PO BOX 40255  
OLYMPIA, WA 98504-0255

FROM: WASHINGTON CARRIER  
0000 ANY STREET  
ANY TOWN, ANY STATE 00000  
CARRIER CONTACT: ANGELA BARNES, CONTRACT MANAGER  
**(If this is not the person preparing the filing please include that person's name also).**  
CONTACT PHONE: (000) 000-0000

SUBJECT: Provider Agreement: ABCPHY-06  
Proposed Effective Date: July 1, 2006

Dear Insurance Policy/Analyst:

Enclosed are copies of Washington Carrier's standard provider agreement for physician services (ABCPHY-06). This agreement replaces ABCPHY-05, previously filed with the Insurance Commissioner. A duplicate agreement is submitted with modifications identified by added text (underlined) and deleted text (strike through) as required under WAC 284-43-330.

This letter and enclosed filing transmittal are prepared in duplicate. A self-addressed, stamped envelope is provided for your convenience in acknowledging final action on this filing.

Sincerely,  
Washington Carrier

# HEALTH CARE SERVICE CONTRACTOR/HEALTH MAINTENANCE ORGANIZATION TRANSMITTAL

1. Company ID WASHCOMPANY1234		2. Company Name WASHINGTON CARRIER		For OIC Use Only	
3. Date Submitted JUNE 1, 2006		4. Proposed Effective Date JULY 1, 2006		[      ] File ID      [      ] Analyst	
5. Contact ANGELA BARNES		6. Title MANAGER, CONTRACTS		Approved	
7. Phone (000) 000-0000		8. Fax # (000) 000-0000		Reviewed	
9. E-Mail ABARNES@WACARRIER.COM		10. Purpose of Filing TO FILE PROVIDER AGREEMENT		Withdrawn	
				Disapproved	
				Acknowledged	
				State Tracking #	

**Check all forms that apply to this filing. If additional space is required to list contract numbers, attach a separate sheet. Please fill out columns A through C every time you check a box**

		A	B	C
Line of Insurance		Contract # Effective Date	Prior Contract # Effective Date	Product Name
<b>STANDARD MASTER CONTRACT</b>				
11.	<input type="checkbox"/> Large Group Contract (51+)			
	<input type="checkbox"/> Small Group Contract (2-50)			
	<input type="checkbox"/> Group Application			
	<input type="checkbox"/> Member Application			
	<input type="checkbox"/> Certificate of Coverage			
	<input type="checkbox"/> Endorsement/Rider			
12.	<input type="checkbox"/> Individual			
	<input type="checkbox"/> Application			
	<input type="checkbox"/> Endorsement/Rider			
13.	<input type="checkbox"/> Conversion			
	<input type="checkbox"/> Endorsement/Rider			
14.	<input type="checkbox"/> Network Reports			
	<input type="checkbox"/> Access Plan			
	<input type="checkbox"/> Form B – Network Enrollment			
	<input type="checkbox"/> GeoGraphic Network Report			
15.	<input type="checkbox"/> Other			
16.	<input type="checkbox"/> Small Group Limited Schedule of Benefits			
	<input type="checkbox"/> Group Application			
	<input type="checkbox"/> Member Application			
	<input type="checkbox"/> Certificate of Coverage			
	<input type="checkbox"/> Endorsement/Rider			
	<input type="checkbox"/> Benefit Brochure			
<b>PRIOR APPROVAL</b>		Agreement #/Effective Date	Prior Agreement #/Effective Date	
17.	<input checked="" type="checkbox"/> Provider Agreement	ABCPHY-06, 7/1/06	ABCPHY-05, 7/1/05	ABC PHYSICIANS
<b>18. RATE</b>		Contract #/Effective Date	Prior Contract #/Effective Date	Negotiated Contract #/Effective Date
<b>19. NEGOTIATED CONTRACT</b>		<input type="checkbox"/> Employer <input type="checkbox"/> Association <input type="checkbox"/> Government <input type="checkbox"/> Trust <input type="checkbox"/> Union	<input type="checkbox"/> Paperwork <input type="checkbox"/> Paperwork <input type="checkbox"/> Paperwork <input type="checkbox"/> Paperwork <input type="checkbox"/> Paperwork	
Negotiated Contract Number:		Effective Date:		
Group Name:		Group Number:		
Standard Master Contract Number (short form filings only):		Effective Date:		
Forms Included in this Filing: <input type="checkbox"/> Contract <input type="checkbox"/> Certificate of Coverage <input type="checkbox"/> Group Application <input type="checkbox"/> Enrollee Application (Please list form numbers in Section 22 attached)				
<b>20. NEGOTIATED ENDORSEMENT/RIDER (FOR FULLY NEGOTIATED CONTRACTS ONLY: PLEASE COMPLETE FIELD 19 ABOVE)</b>				
Negotiated Endorsement/Rider Form #:		Changes Apply to: <input type="checkbox"/> Contract <input type="checkbox"/> Certificate of Coverage		
<b>Please note that rate filings and form filings must be submitted together for new plans</b>				